2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2008 08:00 AN Secretary of State DOCUMENT # P97000015897 1. Entity Name CRYSTAL MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 1866 EAST CROWLEY CIRCLE 1866 EAST CROWLEY CIRCLE LONGWOOD, FL 32779 US LONGWOOD, FL 32779 02052008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3420593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YANDELL, THOMAS F JR. 1866 EAST CROWLEY CIRCLE DO NOT WRITE LONGWOOD FL 32779 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000831581 02/27/08-80023-008 150.00 THE YANDELL, THOMAS F JR NAME STREET ADDRESS 1866 EAST CROWLEY CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-ZIP TiT1 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director-of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachm

SIGNATURE:

NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CI1Y+S1-ZIP

SIGNATURE AND TYPED OR PRINTE

FILED